U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

	For Official Use Office
	( AUG152005 )
E	Que B

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

E CIMS OF	
1. File Number U - 6748	2. Fiscal Year Covered From:
	/ / / 3004 Through: 12/31 / 2004
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name FREDERICK J SUMAN	Name NATIONAL EDUCATION ASSEC,
	Labor Organization File Number
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any 420
Street US13 ROKEBY AUG	Street 1201 16 7" ST. NW
City Keps, 26 to 2	City WASHIAGTON
State MD ZIP Code + 4 <b>2089.5</b>	State DC ZIP Code + 4 20036
5. Position in labor organization.	MEMBERSHIP SERVICES
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizati  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:	derived income or other economic benefit of on represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.
P.O. Box, Bldg., Room No., if any	7.b. Amount
Street	r.b. Amount
City	
State ZIP Code + 4	* ***
Sign	ature
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the sec	ing documents), has been examined by the signatory and is, to the best of the cition on penalties in the instructions.)
orgined of the state of the sta	On 0111 105 202 822 70 65  Date Telephone Number

Name of Person Filing MEDERICK J. SUMAN	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary vasubstantial part of which consists of buying from, selling or leasing to, or othe of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	rwise dealing with the business ively seeking to represent, or directly to, or otherwise	
8. Name and address of Business (including trade name, if any).  Name KELLY RESS  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 1701 CABIN BRANCH DR  City CHENERLY  State MO ZIP Code +4 20875	9. Business deals with:  a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Trade Name, if any:  P.O. Box, Bldg., Room No., if any	PRINTING SERVICES	
Street	11.b. Approximate dollar value of such dealing.	NVKHORY
City	12.a. Nature of interest held or income received.	
State ZIP Code + 4	LUNCHED MEETINGS GOLF OUTING	
	12.b. Amount. (Est.)	400
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.	•
<ol> <li>Name and address of Employer or Labor Relations Consultant (including trade name, if any).</li> </ol>	14.a. Nature of payment.	n Art - Art - Million and Art - Art
Name		v monometrical and a second se
Trade Name, if any:		en e Communicación servicios servici
P.O. Box, Bldg., Room No., if any		th company of the second
Street	Territoria de Caractería de Ca	Programmacy of special and
City		Terminal distribution of the control
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	
or consultant		A CONTRACT OF SERVING ADDRESS ADDRESS OF CONTRACT AND CONTRACT OF CONTRACT AND CONTRACT OF

Name of Person Filing FREDERICK J SUMAN	File Number U-
B. Held an interest in or derived income or economic benefit with monetary vasubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or indealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or directly to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name MT VERSON PRINTING Co	a. Labor Organization
P.O. Box, Bldg., Room No., if any	b. Trust
Street 3229 HUBBARD RD	c. Employer
State MD ZiP Code +4 20785	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	PRINTING SERVICES
P.O. Box, Bldg., Room No., if any	
Street Street	
City	11.b. Approximate dollar value of such dealing. はんにんかんし
State ZIP Code + 4	Business Lunch
	Business Lunch Gold Dutine
	12.b. Amount. ( <b>E&lt;7.</b> ) 200.
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any Street	

14.b. Amount of payment.

13.b. Is the Business an Employer

ZIP Code + 4

or Consultant

City

State

Name of Person Filling FREDERICK J. Suman	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actively any part of which consists of buying from or selling or leasing directly or included ing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or firectly to, or otherwise	
Name and address of Business (including trade name, if any).	9. Business deals with:	
Name CALIBRE CPA GROUP	**************************************	
Trade Name, if any:	a. Labor Organization b. Trust	
P.O. Box, Bldg., Room No., if any /059	c. Employer	
Street 1850 K ST. NW	Amount 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	
City WASHING TON		İ
State 2 ZIP Code + 4 2553(		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	CONSULTANT ON BUSINESS	+ TAX FILINGS
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street	11.b. Approximate dollar value of such dealing.	ログドントのと
City	12.a. Nature of interest held or income received.	This material rate. The consequent materials are specificated in the consequence of the c
State ZIP Code + 4	Business ranch	
	12.b. Amount. (EST.)	\$265
C. Received from any employer (other than an employer covered unde		*
or from any labor relations consultant to an employer any payment of money	or other thing of value.	
<ol> <li>Name and address of Employer or Labor Relations Consultant (including trade name, if any).</li> </ol>	14.a. Nature of payment.	*** Chief and Add Survey or Ad
Name (		NAME OF THE PROPERTY OF THE PR
Trade Name, if any:	As a management of the control of th	THE STATE OF THE S
P.O. Box, Bldg., Room No., if any	RESEARCH AND	THE THE PROPERTY OF THE PROPER
Street 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Anatomy November 2015	Women and the second se
City	State Commission of	derivers and the
State  ZIP Code + 4	POOR PROPERTY AND	disampentengan
42 h le the Dusiness on Employee	14.b. Amount of payment.	Commence of Ministry Colors of Commence of Commence of Commence of Colors of Commence of Colors of Commence of Colors of Commence of Colors of Col
13.b. Is the Business an Employer or Consultant ?		- Control of the Cont

Name of Person Filing FREDERICK J. SUMAN	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organiz	wise dealing with the business vely seeking to represent, or directly to, or otherwise	
8. Name and address of Business (including trade name, if any).  Name BANK SF AMERICA  Trade Name, if any:  P.O. Box, Bldg., Room No., if any 2 ND FL  Street 73 - /5 TH ST. N.W.  City WASH, N & TON  State DC ZIP Code + 4 2005 - 1012  10. If 9.b. or 9.c. is checked give trust or employer's name.	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer  11.a. Nature of such dealing.	
Name	COMMERCIAL BANKING	SERVICES
Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street	11.b. Approximate dollar value of such dealing.	UAKASAA
City State ZIP Code + 4	12.a. Nature of interest held or income received  CLIENT LUNCHEON  GOLC DUTING	
	CLIENT LUNCHEON  BOLC DUTING	
	CLIENT LUNCHEON  GOLC DUTING  12.b. Amount.  r parts A and B above) or other thing of value.	7/50.
State ZIP Code + 4  C. Received from any employer (other than an employer covered under	CLIENT LUNCHEON  SOLC DUTING  12.b. Amount.  r parts A and B above)	
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant	CLIENT LUNCHEON  GOLC DUTING  12.b. Amount.  r parts A and B above) or other thing of value.	
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	CLIENT LUNCHEON  GOLC DUTING  12.b. Amount.  r parts A and B above) or other thing of value.	
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name	CLIENT LUNCHEON  GOLC DUTING  12.b. Amount.  r parts A and B above) or other thing of value.	
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:	CLIENT LUNCHEON  GOLC DUTING  12.b. Amount.  r parts A and B above) or other thing of value.	
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street	CLIENT LUNCHEON  GOLC DUTING  12.b. Amount.  r parts A and B above) or other thing of value.	
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	CLIENT LUNCHEON  GOLC DUTING  12.b. Amount.  r parts A and B above) or other thing of value.	

Name of Person Filing REDERICK J. SUMAN		File Number U-
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actively any part of which consists of buying from or selling or leasing directly or included with your labor organization or with a trust in which your labor organization.	vise dealing with the business rely seeking to represent, or irectly to, or otherwise	•
8. Name and address of Business (including trade name, if any).  Name TRUSCO CAPITAL MADAGEMENT  Trade Name, if any:  P.O. Box, Bldg., Room No., if any ISTH FC  Street 919 EAST MAIN ST.  City RICHMOND  State VA ZIP Code +4 23219	9. Business deals with:   A Labor Organizat  b. Trust  c. Employer  11.a. Nature of such dealing	
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street	Parent State of the Control of the C	MGMT. SERVICES SHE NEA
City ZIP Code + 4	11.b. Approximate dollar value  12.a. Nature of interest held  I. NEA - R ADVISO  PORT COLID RE	The approximate is properly the company of the control of the cont
	2 CLIENT INVES 3. GOLF DUTING,	stment seminate
	2. CLIENT IN VES 3. GOLF DUTING, 12.b. Amount. EST.	1,000
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	12.b. Amount. &T.	
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	12.b. Amount. &T.	
or from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant	12.b. Amount. &T.  r parts A and B above) or other thing of value.	
or from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	12.b. Amount. &T.  r parts A and B above) or other thing of value.	
or from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name	12.b. Amount. &T.  r parts A and B above) or other thing of value.	
or from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:	12.b. Amount. &T.  r parts A and B above) or other thing of value.	
or from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	12.b. Amount. &T.  r parts A and B above) or other thing of value.	
or from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street	12.b. Amount. &T.  r parts A and B above) or other thing of value.	

Name of Person Filing FREDERICK J. SUMA	۵	File Number U-
B. Held an interest in or derived income or economic benefit with monetary vas substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	wise dealing with the busines vely seeking to represent, or directly to, or otherwise	S
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name BROWN BROTHERS HARRIMAN	a. Labor Organiza	tion
Trade Name, if any: 8314	b. Trust	
P.O. Box, Bldg., Room No., if any Street 140 BROAD AY	c. Employer	
City NEW YORK		
State NY ZIP Code + 4 / 2005 - 1101		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deali	*
Name EMPLOYEE'S RETIREMENT RAD OF DEA		MANAGEMENT FRM
Trade Name, if any:	To RAJ	
P.O. Box, Bldg., Room No., if any 425		
Street 1201 1674 ST NW	11.b. Approximate dollar valu	e of such dealing. وهر المراققة
City WASHING TOD	12.a. Nature of interest held	d or income received.
State	INVESTMENT HOSTED BY BI NYC OFFICE RAN.	Committee Dianer BH During Visit to Behalp of Retirene
	12.b. Amount. <b>Alpr-X</b>	700
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money		porte p
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name Name	COTTO BASE AND	
Trade Name, if any:	Production and contract of the	The second secon
P.O. Box, Bldg., Room No., if any	ene (e.i. marketa e la circa e la	
Street	Adminute a volume de la constante de la consta	APPENDENCYONOPP
City	Section 19 in the section is a section in the secti	77 - 400 house
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	The state of the s

Name of Person Filing REDERICK J. SUMAN	)	File Number U-
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active. (2) any part of which consists of buying from or selling or leasing directly or included in the consists of buying from t	wise dealing with the business rely seeking to represent, or irectly to, or otherwise	S
8. Name and address of Business (including trade name, if any).  Name WILSHIRE ASSOCIATES  Trade Name, if any:  P.O. Box, Bldg., Room No., if any 3720  Street 210 SIXTH AJE  City RITTS BURGH  State PA ZIP Code + 4 15222	9. Business deals with:  a. Labor Organiza  b. Trust  c. Employer	tion
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deali	ng.
Name EMPLOYEE'S RETIREMENT PLAN OF THE NEW Trade Name, if any:  P.O. Box, Bidg., Room No., if any 420  Street 120 16TH ST. NW  City WASHINGTON	BOARS  11.b. Approximate dollar valu  12.a. Nature of interest held	for income received.
State <b>DC</b> ZIP Code + 4 <b>2.536</b>	BOARD MEST	
State 2.536	BOARD MEST AND DIN 12.b. Amount. EST,	pers 275
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	12.b. Amount. (ST.)	pens
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant	12.b. Amount. (ST.)	Sens   <sup>9</sup> 315
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	12.b. Amount.	Sens   <sup>9</sup> 315
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant	12.b. Amount.	Sens   <sup>9</sup> 315
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	12.b. Amount.	Sens   <sup>9</sup> 315
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name	12.b. Amount.	Sens   <sup>9</sup> 315
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:	12.b. Amount.	Sens   <sup>9</sup> 315
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	12.b. Amount.	Sens   <sup>9</sup> 315
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street	12.b. Amount.	Sens   <sup>9</sup> 315